

# In the Court of Appeals of the State of Alaska

**David Christopher Nordlund,**  
Appellant,

v.

**State of Alaska,**  
Appellee.

Court of Appeals No. **A-13053**

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **3/22/2021**

Trial Court Case No. **1KE-17-00335CI**

Unless you or the prosecutor objects by **5/6/2021** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	<b>1,500</b>

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts

  
Julie Kentch, Deputy Clerk

cc: David Christopher Nordlund at Spring Creek Correctional Center

Distribution:

Email:  
Horowitz, Michael, Public Defender - Contract  
Cicotte, Matthias R.

# In the Court of Appeals of the State of Alaska

**David Christopher Nordlund,**  
Appellant,

v.

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Court of Appeals No. **A-13053**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **3/22/2021**

Trial Court Case No. 1KE-17-00335CI

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:

☐ Sentence Appeal

- ☐ Combined Merit Appeal and Petition for Sentence Review
- ☐ Petition for Sentence Review
- ☐ Petition for Hearing
- ☐ Merit Appeal
- ☐ Petition for Review
- ☐ Appeal from Post-Conviction Relief Proceeding
- ☐ Original Application
- ☐ Combined Merit and Sentence Appeal

- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_

Appellant/Petitioner's Daytime Phone \_\_\_\_\_

Appellant/Petitioner's Signature \_\_\_\_\_

Appellant/Petitioner's Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mailed to State's Attorney on: \_\_\_\_\_ (Date)